

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Daniel</i>		<i>05-17-01</i>
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>Shy</i>	<i>827</i>	<i>6-5-01</i>
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

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33	✓	✓	✓
34	✓	✓	✓
35	✓	✓	✓
36	✓	✓	✓
37	✓	✓	✓
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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